

Maricopa County Department of Public Health Request for Certified Copy of ARIZONA Birth Certificate

For Date Stamp

WARNING: False Application for a Birth Certificate is a Punishable Offense

Ap Ap Cer We Eas Ho Tel	ail Application: MCOVR (Maricopa County Office of Vital Registration) PO Box 2111 – Phoenix AZ – 85001 Iply Online: www.VITALCHEK.com (Refer to website for their current fees) Iply In Person: 3 locations to serve you Intral Phoenix - 3221 N. 16 th St. Phoenix AZ 85016 (1 block south of Osborn) Intral Phoenix - 3003 W. Thomas Rd. Ste 200B, Phoenix AZ 85017 (west of I-17 & I-10) Intral Valley - 4419 E. Main St. Ste 105, Mesa AZ 85205 (I-60/202 Red Mtn Fwy) Intral Operation: Monday-Friday 8:00am-4:30pm - Closed Federal Holidays Illephone: 602-506-6805 Illestions, download forms, acceptable IDs & more: www.MaricopaVitalRecords.com Intral St. Ste 105, Mesa AZ 85205 (I-60/202 Red Mtn Fwy)	CUSTOMER Checklist Proof of Relationship enclosed if required (birth certificates, certified court documents, etc) Clear photocopy of your valid, signed government Photo ID OR have your signature notarized Sign the application Include Self-Addressed Stamped Envelope Correct Fee enclosed Provide initials to accept the certified copy 'As Is' (Births from 1950-1988)	Insufficient Fee: No Fee Incorrect Fee CC Expired Need Other Payment Type Identification: ID expired/invalid
Info	Today's Date # of Copies Requested Purpose of Request	MO Credit Card Cashier's Chec Payment Method (circle one	with Signature
Certificate Information	☐ F ☐ M Date of Birth Name on Certificate: First Middle Town/City of Birth County Mother's First Name Middle MAIDEN Date of Bir	Last Hospital th State (if US) or Country of birth	Proof of Eligibility: Need signature Applicant ineligible Not an AZ record Need Documents Other
Birth C	Father's First Name Middle Last Date of Bir	· · · · · · · · · · · · · · · · · · ·	SFN
Person Requesting Certificate	Applicant's Full Name - Printed Applicant's Signature Mailing Address Street City Daytime telephone number Email address Your relationship to person on certificate – Circle one *PROOF of relationship MUST be properly arent Self Brother\Sister Grandparent Legal Guardian Spouse Government	State Zip	
Verification	Gov't Issued ID (OFFICE USE ONLY) Documents Verified (OFFICE USE ONLY)		Receipt #
Notary Area	State ofCounty of On thisday of, 20before me personally appeared (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledge that he/she signed the above document. Notary SignatureMy Commission Expires		
Credit Card	Payment Information	□ VISA □ MC *	Must attach copy of credit card older's valid government photo ID with signature